

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0022727

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1116

Primary Registration District No. 2000

Registrar's No. 1116

STATE FILE NUMBER

VS 300
Rev. 4/59

10397

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 28 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 1001 E. Locust Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LeRoy Middle DONALD Last CAIN		4. DATE OF DEATH Month June Day 12 Year 1964	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/28/1919
9. AGE (last birthday) 45		IF UNDER 1 YEAR Months 45	IF UNDER 24 HR Days 45 Hours 45 Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Serviceman Gas Department		10b. KIND OF BUSINESS OR INDUSTRY City Utilities	
11. BIRTHPLACE (City and state or country) Wetmore, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Cain		13b. MOTHER'S MAIDEN NAME Mollie Cain	
14. NAME OF HUSBAND OR WIFE Mollie Cain		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.2	
16. INFORMANT Mollie Cain		Address 1001 E. Locust St. Springfield, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He was found in the cab of a locked C.U. truck	
20c. TIME OF DEATH Hour approx. 1:40 P.M. Month, Day, Year 6/12/1964		by City Police. They found a hose from exhaust pipe into cab. The truck was at 2900 Block S. Stewart Ave.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2900 Block S. Stewart	
20f. CITY, TOWN, OR LOCATION Springfield		COUNTY Greene STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at approx. 1:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thieme (Degree or title) Greene County Coroner		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 6/13/64		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/17/1964		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) (State) Springfield, Missouri		24. FUNERAL DIRECTOR 1200 Boonville Avenue Ralph Thieme, Springfield, Missouri	
25. DATE RECD. BY LOCAL REG. 6-16-64		26. REGISTRAR'S SIGNATURE Lernie M. Kelly	

FEB 23 1965

1961 ST NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Fitchell

Licensed Embalmer No. 5079

P. O. Address Spft, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.